

To The court us District court 9-28-06

sorry they took me today to make copy
to show the court that the warden
was told about my Health
and letter asking someone not to send
me to D.C.C because I will be kill because
I help the W.P.D to Drug Bust many so they
always send me to S-C-I Please get me
out of here it show also that they dont
care and sending me to D.C.C.

from
David Degen

BS and they take money out and I am a chronic
care P copys on the test

Please help me, I am sick and in pain
they are not caring like they said they are

HOWARD R. YOUNG CORRECTIONAL INSTITUTION RECEPTION AND DIAGNOSTIC UNIT (RDU)

To: David De Jesus Unit: 2L11 SBI # 209 513

From: Counselor Nye, RDU

Date: May 2, 2006

Subject: Initial Classification Recommendations

On April 27, 2006 you were recommended by the Initial Classification Board for:

<u>Security:</u>	<u>Institution:</u>	<u>Programs:</u>	
<input type="checkbox"/> Community	<input type="checkbox"/> HRYCI	<input type="checkbox"/> Key	<input type="checkbox"/> Alternatives to Violence
<input type="checkbox"/> Minimum	<input checked="" type="checkbox"/> DCC	<input type="checkbox"/> New Visions	<input type="checkbox"/> Mental Health _____
<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> SCI	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Transition Unit
<input type="checkbox"/> Maximum	<input type="checkbox"/> WCF	<input type="checkbox"/> DUI Program	<input type="checkbox"/> Pre-Release Class
	<input type="checkbox"/> WR (via VOP)	<input type="checkbox"/> Work Pool	<input type="checkbox"/> Personal Challenges
		<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Substance Abuse Reality (SAR)
		<input type="checkbox"/> YCOP	<input type="checkbox"/> Family Problems
		<input checked="" type="checkbox"/> Greentree	<input type="checkbox"/> Crest

This **recommendation** will be forwarded to the Central Institutional Classification Board (CICB) for **approval** or **disapproval**. You will receive notification from the CICB only if they approve something **different** than the ICB recommendation.

Comments: _____

Approximate Date of Next Classification: 10/06

9-21-06

TO WHOM IT MAY CONCERN,

My Name is David Dejesus and I am currently engaged in a tug of war with the Medical and Correctional staff of the Howard R. Young Facility. We've been back and forth over my health issues, for which I have a lawsuit pending. It seems that I am being retaliated against for submitting a claim in court.

Last week sometime I was in a great deal of pain. I informed the C.D. who in turn informed one of his superiors, a corporal. The Cpl. did make arrangements for me to go to the infirmir-iry but I was neglected for over an hour sitting waiting in pain. I was still waiting for assistance when a lieutenant (Sabato) confronted me in a alarming and aggressive manner. He began to yell at me as if I was receiving special treatment by being sent down by the corporal, instead of following the two to three week process of submitting a sick call slip.

He really added insult to injury caused by his own staff by raising his voice at me because of a procedure

that I "failed to follow." And after all of that I still wasn't seen by anyone. A male nurse informed me that I would be called the following day which was Monday, Sept. 18 2006. Nevertheless, I wasn't seen until Wednesday the 20th.

On Wednesday I was ridiculed by the Medical Staff who conducted themselves in a very surly and sarcastic manner about my situation, all the while I'm still in pain. By the end of this visit I was still in pain and I still hadn't made very much progress. I was scheduled to go to an outside hospital, given three Almag's, a box of APAP-acetaminophen 325 mg tablets for non-aspirin pain relief, for which they charged me six dollars ..., and I am a chronic patient.

On top of the latter, they gave me a hypothetical diagnosis simply dismissing my torment as acid reflux. This of course was clearly not the problem. His semiology was derived without any examination, my pain was reduced to a guesstimate. This is the same unprofessional behavior that got me in this predicament initially.

In closing I just don't feel safe here. I feel that because of the pending lawsuit, I've become a target. I am neglected the proper medical attention and insulted. I am often made to feel like I'm wrong for asking for help when I'm hurting. They are opening my legal mail, violating my rights... I'm just tired of the harassment.

This is an ongoing thing that has drained me mentally and emotionally, I am truly exasperated. I feel these are tactics to intimidate me from moving forward with the litigation. I really don't feel healthy. I actually feel like I'm dying. Bottom line... I don't feel I should be in the care of people who has a grudge against me for opposing their own negligence. Again, I really feel like I'm dying and I just hope that's not what would have to happen in order to receive results. Thank you for your time...

Sincerely,

David DeJesus

To Whom it may concern

From David DeJesus

Date 9-21-06

I dont know how to start this letter on sunday 9-17-06 I got alot of pain, so they told me we put you down to see a Dr the next day because we dont have none today.

Now I get a letter from us District court on the 9-18-06 that order these people to answer my motion by sept 20, 2006 so now I will ~~now~~ not know if they seen me for what happen to me on sunday 9-17-06 or because of the Deadline on 9-20-06 thats when I was seen but never check when I seen the Dr niaz I said what happen that you was to see me in 3 month 6-14-06 he said to me see you in a month now its 3 month. Dr Niaz said maybe we was busy, I said thats crazy in the "st" I go to the Dr and get help than a nurse by the name bracia I think thats how you spell it said Your not on the "st", I said to her you tell that to the US District court she did not said any thin so he put me down to get a biopsy that was to be done 3 month ago, He did told me Dr Niaz Yes we was to see you 3 month ago that hurted me so much how they play with people life, But has long as I live I will not let these people do this to us, if I die Please dont let these people Kill other no more. Take care may God Bless You all

Sincerely

David DeJesus

To : Warden

From: David DeJesus sr

Date: 5-25-06

RE: help

My name is David DeJesus sr this is the last letter I write to you for help, because I am not getting no help at all for my liver I am sick with Hep c and in pain it is hurting more and no one care to help me at all they take Blood and next week again for the same thin like they are losing them, I been in here 7 month with no help.

If I die in here know that I did let all know and no help.

your copy
family
my

from
David DeJesus sr

To the warden

My copy

8-30-06

I am David DeJesus sr 209513. I was to see a Dr 2 month ago on 9-14-06 will be 3 month when the Dr said I see you in a month for my liver, I am filling more weaker can't eat that well, sleep alot, I have a bad liver 10 month no help do you want me to die in here or what?

The Co always telling me you get a 24 for sleeping. I am sick they dont care please for the Love of God help me I dont fill good and I dont want to die in a place like this. Thank you for your time

from

David DeJesus Sr

24-12

From David DeJesus S/

Date 9-26-06

I need to go down to get copy for the us District court
and lawyer I have in to 9-27-06 Please call me down
soon Please. I need this soon Please

Thank you for your help

From

David DeJesus Sr

8-17-06

I write to you to find out if you got my paper work, I send to get copy for my lawyer! I think they are messing with my mail, because you always send my copy the next day I am worry

from
David Dejeane Sr

copy your
my
lawyer



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: *David DeJesus, 209513*
Y Pod

FROM: *Warden Raphael Williams*

DATE: *June 5, 2006*

SUBJ: ***YOUR RECENT CORRESPONDENCE***

Your correspondence has been forwarded to Mr. Joyce for review and any action deemed appropriate.

RW:adc

DISTRIBUTION

William Joyce, HSA
File



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

A handwritten signature, possibly reading "H2", written in black ink.

TO: *David DeJesus, 209513*
Y Pod

FROM: *Warden Raphael Williams*

DATE: *August 31, 2006*

SUBJ: ***YOUR RECENT CORRESPONDENCE***

The medical unit has been alerted to your concern.

RW:adc

DISTRIBUTION

William Joyce, CMS
File

my copy

To Depty warden

My Reason for writing to you is that I am not getting the help you order and not doing what you ask them to help me, I need to see someone I need medical treatment for my liver at one time the Dr order heart burn, ointment, vitamins when I go to ask for it they brush me off like a child that huri.

But the most important one is my liver no help and the classify want to send me to ~~the~~ vision not worry about my Health or 5 ft 7, I have alot of co-Defend in this Jail & WCC

I told Mrs Wye she just ^{said} tell the c/o in na vision like she dont care all she care is to get someone in a program I been always sent to Geg town because I have alot of co-Defend

Please help I need help one for my ~~liver~~ ^{liver} in one because I use to help the w-p-d to drug but now so please help me with this

Thank you for your help

from

David Dejeux

As I am ok in this pod I just have to be careful when I leave this pod




STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19801
Telephone: (302) 429-7747
Fax: (302) 429-7716

Mark Emig
Deputy Warden II

MEMORANDUM

TO: David DeJesus, Sr. 209513
2L11

FROM: Deputy Warden Mark Emig 

DATE: May 11, 2006

SUBJ: **YOUR RECENT CORRESPONDENCE**

Your recent correspondence to this office has been forwarded to Mr. William Joyce, Medical Director, for any action/response deemed appropriate.

ME/co

DISTRIBUTION

William Joyce
File



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

*TO: David DeJesus, 209513
Y Pod*

FROM: Warden Raphael Williams

DATE: May 30, 2006

SUBJ: YOUR RECENT CORRESPONDENCE

The medical unit will address your concern.

RW:adc

DISTRIBUTION

*Mr. Joyce, HSA
File*



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19801
Telephone: (302) 429-7747
Fax: (302) 429-7716

Mark Emig
Deputy Warden II

MEMORANDUM

TO: David DeJesus, Sr. 209513
2L-11

FROM: Deputy Warden Mark Emig *ms*

DATE: May 2, 2006

SUBJ: **YOUR RECENT CORRESPONDENCE**

Your recent correspondence to this office has been forwarded to the Medical Office and to Pam Minor, Classification Treatment Administrator, for any action/response deemed appropriate.

ME/cjo

DISTRIBUTION

Medical Office
Pam Minor, Classification Treatment Administrator
File

A large, stylized handwritten signature in black ink, appearing to be "Mark Emig".

**Howard R. Young Correctional Institution
Services Request Form**

DATE: 4-16-06 COUNSELOR: Deller
NAME: David DeJesus Sr SBI# 209513 HOUSING UNIT 2-L 11

**CHECK AND SPECIFY THE APPROPRIATE INFORMATION BELOW.
PLEASE MAKE ALL REQUESTS BRIEF AS LENGTHY RESPONSES MAY
NOT RECEIVE IMMEDIATE ATTENTION.**

- ☒ REQUEST FOR CLASSIFICATION ACTION
☐ CLASSIFICATION INFORMATION
☐ PROGRAM PARTICIPATION (PROGRAMS, WORK, EDUCATION)
☐ INDIVIDUAL COUNSELING (MENTAL HEALTH)
☒ HOUSING ASSIGNMENT CONCERNS
☐ STATUS, CHARGES OR OTHER RECORDS CONCERNS
☒ OTHER (SPECIFY): my liver, chronic pain and ^{head} doctor 6 month

PLEASE PRINT ALL INFORMATION

I have been sentence for almost 2 month no one has
come to see me, I am sick I have a bad liver no
help and I am on the floor sick I don't care if
they put me in the I/MF to live I need treatment
I feel bad and sick, can I get help?

**DO NOT WRITE BELOW THIS LINE
FOR DEPUTY WARDEN'S USE ONLY**

WARDEN, DEPUTY WARDEN OR SECURITY SUPERINTENDENT'S RESPONSE:

Submit a sick slip to your C/O to see medical. We will call them also.
Your case was assigned to Ms. Nye for your initial classification.

**A RESPONSE MAY BE MAILED TO YOU OR HANDLED BY THE APPROPRIATE
CORRECTIONAL STAFF. ALL RESPONSES WILL BE HANDLED ACCORDINGLY.**

To warden

6-4-06

I write to you so you can know about a nurse name Brenda. I was at the window getting my Am meds she denied me because of she not been the regular nurse that wrong I am in pain, so she can said no to me.

Maybe she got the wrong career our she should let someone who would like to help. I already have problem getting help so she can said no to my Health. when the Dr prescribed it for my pain.

Please can you help, I ask her name she did not want to give it me. Thank you for your time.

cc

your

my

Lawyer

To The warden

My reason to write to you is because they are not caring what I am saying, this is to let all know if something happen to me in D.C.C it will be in Yall hands because I did told all that I help Drug Best Guys for wiser P.D. all I need is to be readclassified to a program at "SCI" there is where they always sent me,

still I got A write up that is not my! Is it because I have a law sue that you all are not caring if I get kill like the Guy that Got sent to D.C.C in got kill.

so if I get kill I did let you all know here at H-R-Y-I take care best letter please help. I am already sick with no care now they are sending me to get kill in D.C.C when I told the counselor who classified me a poor minor but I Guss it the lawsue. if they can't fix they move it. Remember the Guy Terrance Wilson

copy to

ACLU

my lawyer

my family

Rev Christopher Bullock

from

David DeJesus Sr
David DeJesus Sr

This
So you can see what
they are doing to me knowing
that I did let them know



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: *David DeJesus, 209513*
2L Pod

FROM: *Warden Raphael Williams*

DATE: *March 29, 2006*

SUBJ: ***YOUR RECENT CORRESPONDENCE***

Your recent correspondence to attorney Sidney Balick has been returned to me. I have alerted the medical department to your concerns.

RW:adc

DISTRIBUTION

Dana Baker, Health Care Administrator
File



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: David DeJesus, 209513
Y Pod

FROM: *Warden Raphael Williams*

DATE: September 22, 2006

SUBJ: **YOUR RECENT CORRESPONDENCE**

There is no discipline in the system for dangerous contraband. You have 24 hours loss of all privileges for possession of non-dangerous contraband (sneakers) June 24, 2006 and failing to obey an order June 23, 2005.

RW:adc

DISTRIBUTION

File



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
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Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: *David DeJesus, 209513*
2Y

FROM: *Warden Raphael Williams*

DATE: *July 24, 2006*

SUBJ: ***YOUR RECENT CORRESPONDENCE***

Your correspondence has been forwarded to the Classification department and Captain Berrgrum.

RW:adc

DISTRIBUTION

Classification
Captain Berrgrum
File



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL FACILITY
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: David DeJesus, 209513
Y Pod

12

FROM: ~~Warden Raphael Williams~~

DATE: June 26, 2006

SUBJ: **NON-DANGEROUS CONTRABAND**

On June 24, 2006 you were found in possession of an extra pair of sneakers; therefore, they were confiscated as contraband and will be disposed of in accordance with facility policy.

It is your responsibility to adhere to the rules and regulations of this facility. Failure to do so will result in disciplinary action and/or additional criminal charges.

RW:adc

DISTRIBUTION

Booking/Receiving
File



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: Captain Carol Jefferson
FROM: Warden Raphael Williams
DATE: June 27, 2006
SUBJ: **CORRESPONDENCE FROM OFFENDER DEJESUS**

It appears he may have a valid point. The incident report reflects the sneakers were found in cell 2, but the offender is housed in cell 12. Can you please ensure the write-up was issued to the correct offender?

Thank you.

RW:adc

DISTRIBUTION

*Offender David Dejesus, Y Pod
File*

WILMINGTON DE, 19809

Phone#: 302-429-7700

INCIDENT REPORT

Group#: <u>N/A</u>	Type: <u>Inmate Involved</u>	Incident Date: <u>06/24/2006</u>	Time: <u>10:50</u>	Confidential: <u>No</u>
Facility: <u>HRYCI Howard R.Young Correctional Institution</u>			Followup Required : <u>No</u>	
Associated Disciplinary Report #(s) <u>3015733</u>				
Incident Location: <u>Pod 2Y</u>				
Location Description: <u>2y cell 2</u>				
Violated Conditions: <u>2.13/200.111 Possession of Non-Dangerous Contraband</u>				
Description of Incident: On the above date and time the Security Team was in the area. While searching through cell 2, C/O Kadow found an extra pair of DOC sneakers. I/M Dejesus, David (sbi# 209513) claimed ownership of said item. I/M Dejesus knows that all I/M's are allowed one pair of sneakers unless you are an inmate worker. I/M notified of 24 LOAP. <<<<<EOR>>>>> L/W N/F Disciplinary Report Filed				
Injured Persons		Hospitalized	Nature Of Injuries	
N/A		N/A	N/A	
Evidence Type: <u>N/A</u>			Date Collected: <u>N/A</u>	
Discovered By : <u>N/A</u>			Secured By: <u>N/A</u>	
Type of Force Used <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input type="checkbox"/> STUN <input type="checkbox"/> OTHER <input type="checkbox"/> CAPSTUN <input checked="" type="checkbox"/> NONE				
Restraints Used : <u>N/A</u>				
Immediate Action Taken: <u>24 LOAP</u>				
Individuals Involved				
Person Code	Name	SBI#	Title	
Staff	Carl, Pragg J	N/A	Correctional Officer	
Staff	Michael, Kadow	N/A	Correctional Officer	
Inmate	David, Dejesus S	00209513	N/A	
Reporting Officer: <u>Pragg, Carl J (Correctional Officer)</u>			Entered By: <u>Pragg, Carl J (Correctional Officer)</u>	
Approval Information				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date: <u>06/24/2006</u> Approved by: <u>Currington, Lynn (Co Corporal/Sgt. - Large Inst.)</u>				
Comments: <u>N/A</u>				

To Captain Carol Peterson

I hope e prez all is well my reason to write to you is about a memorandum I got saying that I got a write up for some sneaker

captain I am in cell 12 not 2 the c/o know he put the wrong name can you please get this write up fix, I am sick to worry about getting any write up, I have a bad liver that this jail is not helping me

please help me with this,

from

David Dejeu Jr

my copy

To Warden Williams

Friday
9-25-06

you said I have a 24 hours loss of all privileges
for possession of non-dangerous contraband
sneakers, on June 24-06 thats the one that its
not my, I wrote to you before, you said that
you would fix it. the c/a Carl, Pragg I know
that it was cell 2 not cell 12 wrong name
& wrong cell, I never did the 24 so the
Memorandum you sent me on Sept 22-06 is still
wrong I dont need some^{one} else write up please help
me.

cc
your copy
my lawyer
my self

from
David H. Jean
28-269513

Here is copy of the last memorandum

My reason to write is because of the memorandum for non-Dangerous cantnaband on June 24-06. Its not me the Yo know They put the wrong name on it how that happen I dont know wh but I dont want no write up that I did not do, one I am sick. think of getting in any problem. I am the one with the bad liver.

Mr Rivera and other Yo know it is cell 2# that got this Please before you Judge me ask other Yo. I will like to see a Lt to show him

I need help not any write up with treatment that medica has not given me. Please help me not disciplin me

from

David Dejesus Jr

copy to

The warden

my
Lawyer ACLU, Stephen A Hampton, Bruce L. Hudson.

my self

my copy

To Depty warden

I write to you for your help Please I am in pain wons still no help like it they want me to die in here you are the only one who help Please you send me down they said we will let you talk to someone never Please help ~~in~~ I am in pain They never have sickcell in this pod. thats what they tell me the % can you come in see me, I have so much that can help. This pod is crazy I need rest.

Pls even if they put me in the INT
Please help me

Thank you
~~David Dyer~~
2-L-209513

Please help I have 3 kids

If I want to make it out in stay out if I dont get help I will die

Howard R. Young Correctional Institution
Services Request Form

DATE: 6-14-06 COUNSELOR: _____
NAME: David DeJesus SBI# 209513 HOUSING UNIT 2Y-12

CHECK AND SPECIFY THE APPROPRIATE INFORMATION BELOW.
PLEASE MAKE ALL REQUESTS BRIEF AS LENGTHY RESPONSES MAY
NOT RECEIVE IMMEDIATE ATTENTION.

- ☒ REQUEST FOR CLASSIFICATION ACTION
☐ CLASSIFICATION INFORMATION
☐ PROGRAM PARTICIPATION (PROGRAMS, WORK, EDUCATION)
☐ INDIVIDUAL COUNSELING (MENTAL HEALTH)
☐ HOUSING ASSIGNMENT CONCERNS
☐ STATUS, CHARGES OR OTHER RECORDS CONCERNS
☐ OTHER (SPECIFY): _____

PLEASE PRINT ALL INFORMATION

Today I went to the Dr and he told me that my
liver is bad really bad so if you can can you help me
with a 4217 I dont want to die in here and
please help and are they going to let me stay here
and not move me to OCC Please help me

DO NOT WRITE BELOW THIS LINE
FOR DEPUTY WARDEN'S USE ONLY

WARDEN, DEPUTY WARDEN OR SECURITY SUPERINTENDENT'S RESPONSE:

A RESPONSE MAY BE MAILED TO YOU OR HANDLED BY THE APPROPRIATE
CORRECTIONAL STAFF. ALL RESPONSES WILL BE HANDLED ACCORDINGLY.



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
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Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: *David DeJesus, 209513*
Y Pod

FROM: *Warden Raphael Williams*

DATE: *September 26, 2006*

SUBJ: ***YOUR RECENT CORRESPONDENCE***

The matter is referred to Captain Jefferson.

RW:adc

DISTRIBUTION

Captain Jefferson
File

**Howard R. Young Correctional Institution
Services Request Form**

DATE: 7-4-06 COUNSELOR: P
NAME: David DeJesus Sr SBI# 209513 HOUSING UNIT 24/2

**CHECK AND SPECIFY THE APPROPRIATE INFORMATION BELOW.
PLEASE MAKE ALL REQUESTS BRIEF AS LENGTHY RESPONSES MAY
NOT RECEIVE IMMEDIATE ATTENTION.**

- ☐ REQUEST FOR CLASSIFICATION ACTION
☐ CLASSIFICATION INFORMATION
☒ PROGRAM PARTICIPATION (PROGRAMS, WORK, EDUCATION)
☐ INDIVIDUAL COUNSELING (MENTAL HEALTH)
☐ HOUSING ASSIGNMENT CONCERNS
☐ STATUS, CHARGES OR OTHER RECORDS CONCERNS
☐ OTHER (SPECIFY): _____

PLEASE PRINT ALL INFORMATION

I wish if someone can please let me know where
I stand the judge order program and none, I even ask
for a status sheet none, I put a pay to and still none
can you help me get help. Thank you

**DO NOT WRITE BELOW THIS LINE
FOR DEPUTY WARDEN'S USE ONLY**

WARDEN, DEPUTY WARDEN OR SECURITY SUPERINTENDENT'S RESPONSE:

**A RESPONSE MAY BE MAILED TO YOU OR HANDLED BY THE APPROPRIATE
CORRECTIONAL STAFF. ALL RESPONSES WILL BE HANDLED ACCORDINGLY.**

7/17/06
Mr. DeJesus,
You have been class. freed to DCC to complete
the Greentree program. Once a bed becomes available
you will be transferred.
Please be patient.
Continue to contact the records dept. in reference
to your status sheet. (1x)
FORM#: 384 (2-part ncr)

**Delaware Department of Correction
Health Care Services Fee Sheet**

✱

Inmate Name DeJours David SBI # 209 513

(Last, First MI)

Facility H-1502 Date 9/17/06

<input checked="" type="checkbox"/> Chargeable Visit	\$4.00
<input type="checkbox"/> Non Chargeable Visit	-0-
<input type="checkbox"/> Medication Handling Fee (\$2.00 X <u>2</u>)	\$ <u>2</u>

Total Amount Charged To Inmate Account \$ 6.00

Health Care Staff Signature: [Signature]

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: [Signature] Date: 9/17/06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**



Inmate Name _____ SBI # _____
(Last, First MI)

Facility _____ Date _____

<input type="checkbox"/> Chargeable Visit	\$4.00
<input checked="" type="checkbox"/> Non Chargeable Visit	-0-
<input checked="" type="checkbox"/> Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ _____

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: _____

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

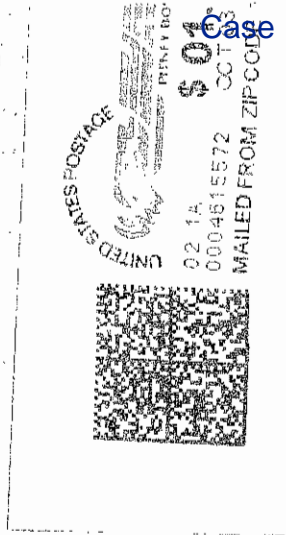
9 x 12

strict court, I put this in on the 29 of september because the c/o on
Tuesday 28 did not sign the pay - To, I have to put it in because
I don't get money from any one so if some one send me money they
take it out, but now I am having problem they now send it back
on the 2nd of oct because I put in the amount, I never had
any problem the 10 month I been here now on the day I have to
give a answer to the court they are holding my money to the
court. Please help me

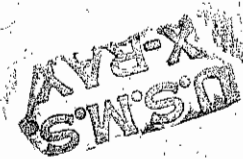
from

David Deyanese

David DeJesus Sr
209513
PO Box 9561
Wilmer De 19809



US District court # 06-209-JJF
844 N King St
Lock Box 18
Wilmer De 19801



Legal mail